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PTO/SB/21 (12-08)

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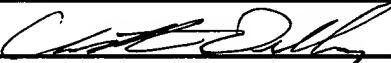
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/909,088
		Filing Date	July 18, 2001
		First Named Inventor	ASHKENAZI, et al.
		Art Unit	1646
		Examiner Name	Basi, Nimal Singh
Total Number of Pages in This Submission		Attorney Docket Number	123851-181890 (GNE-1618P2C79)

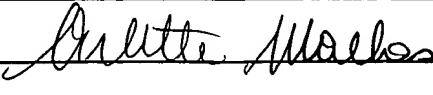
<b>ENCLOSURES (Check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Reference Appendix Items (1-22)		
		Remarks		
		AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 50-4634 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 123851-181890 (GNE-1618P2C79).		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	GOODWIN PROCTER LLP		
Signature			
Printed name	Christopher De Vry, Ph.D., Goodwin Procter LLP		
Date	January 8, 2009	Reg. No.	61,425

**CERTIFICATE OF EXPRESS MAIL NO. EM 305 114 263 US**

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Signature			
Typed or printed name	Arlette Malhas	Date	January 8, 2009

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<b>Effective on 12/08/2004.</b> <i>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete if Known</b>	
<b>FEETRANSMITTAL</b> <b>For FY 2008</b>		Application Number	09/909,088
JAN 08 2009		Filing Date	July 18, 2001
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	ASHKENAZI, et al.
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		Examiner Name	BASI, Nirmal Singh
1030.00		Art Unit	1646
		Attorney Docket No.	123851-181890 (GNE-1618P2C79)

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-4634 Deposit Account Name: Goodwin Procter LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small EntityFee (\$)

50 25

210 105

370 185

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	(round up to a whole number)	_____ x _____ = _____	
- 100 =	/ 50 =			

**4. OTHER FEE(S)**

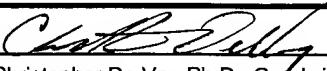
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Appeal Brief and two months extension of time

1030.00

**SUBMITTED BY**

Signature		Registration No. 61,425 (Attorney/Agent)	Telephone 650/752-3100
Name (Print/Type)	Christopher De Vry, Ph.D., Goodwin Procter LLP		Date January 8, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
JAN 08 2009 For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1030.00)

**Complete if Known**

Application Number	09/909,088
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- Deposit Account Deposit Account Number: 50-4634 Deposit Account Name: Goodwin Procter LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
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Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x	=			
HP = highest number of total claims paid for, if greater than 20.					

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=	

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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

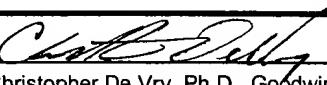
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